

Table V_A: Cytomegalovirus (CMV): Surveillance

| Intervention | Indication |
|------------------------|--|
| Weekly CMV antigenemia | <p>CMV IgG positivity (donor or recipient) AND ANC \geq 500</p> <p>Continue beyond day +100 IF:</p> <ul style="list-style-type: none"> • Immune suppression continues (excluding Cyclosporine/Tacrolimus taper) • Late CMV reactivation (after day +75) <p><u>Non-scheduled</u> CMV antigenemia assessment when clinically indicated, for instance:</p> <ul style="list-style-type: none"> • FUO • Decreasing hematological counts • Pulmonary changes |
| CMV PCR | If clinically indicated AND CMV antigenemia is not feasible OR ANC < 500 |

Table V_B: Cytomegalovirus (CMV): Preemptive Treatment (in the absence of end-organ disease)

| Intervention | Indication | First Choice | Alternative | Comments |
|------------------------------|--------------------------|--|--|--|
| Treatment of CMV antigenemia | Positive CMV antigenemia | <p>Ganciclovir* 5 mg/kg IV q12 h X 7 days (induction), followed by Ganciclovir* 5 mg/kg IV daily 5X/week (maintenance)</p> <p>OR</p> <p>Foscarnet* 90 mg/kg IV q12 h X 7 days (Induction) followed by Foscarnet* 90 mg/kg IV daily (maintenance)</p> | <p>Patients >50 kg:</p> <p>Valganciclovir 900 mg PO q12 h X 7 days (induction) followed by Valganciclovir 900 mg PO daily (maintenance)</p> <p>OR</p> <p>^aCidofovir* 5 mg/kg IV weekly (induction) followed by Cidofovir* 5 mg/kg IV every 2nd week (maintenance)</p> <p>Probenecid* and hydration should accompany Cidofovir treatment.</p> | <p>If CMV-positive cells are unchanged or increase, continue induction and consider other treatment options.</p> <p>Continue treating until two CMV antigenemia results are negative, one week apart.</p> <p>If renal adjustment is necessary for Ganciclovir or Foscarnet, see http://druginfo.cc.nih.gov or contact a unit pharmacist.</p> <p>In patients with cytopenias, Ganciclovir/ Valganciclovir may be significantly myelosuppressive: consideration should be given to Foscarnet as an alternate.</p> <p>Discontinue Valacyclovir with start of Ganciclovir. Once Ganciclovir is discontinued, resume Valacyclovir.</p> |

^a Cidofovir may be highly nephrotoxic, particularly when given concomitantly with cyclosporine. As such, it should be used only under circumstances where the benefits clearly outweigh the risks and where ganciclovir and foscarnet are judged to not be appropriate options.

* Requires dose or schedule modification in renally impaired patients.